

# IN FORMA PAUPERIS PETITION & ORDER

## MUST BE ACCOMPANIED BY VERIFICATION OF INCOME OR PUBLIC ASSISTANCE.

*(Bring a photocopy of your proof of income)*

- 1.) A Petition for In Forma Pauperis status must be accompanied by either:
  - a.) Certification from Neighborhood Legal Services (as per local rule), or
  - b.) Verification of the income/financial status of the parties (i.e. W-2, pay stub, proof of public assistance, EBT/ACCESS card, etc.)
- 2.) The Petition will be reviewed by the Law Clerk who will determine if the appropriate information has been supplied.
- 3.) The judge will review the Petition and either:
  - a.) Make a determination, or
  - b.) Require more documentation, or
  - c.) Conduct an on the record interview of the party prior to making a decision.

### 2019 FEDERAL POVERTY GUIDELINE

| Persons in family/household | Annual   | Monthly    |
|-----------------------------|----------|------------|
| 1                           | \$12,490 | \$1,041.00 |
| 2                           | \$16,910 | \$1,409.00 |
| 3                           | \$21,330 | \$1,778.00 |
| 4                           | \$25,750 | \$2,146.00 |
| 5                           | \$30,170 | \$2,514.00 |
| 6                           | \$34,590 | \$2,883.00 |
| 7                           | \$39,010 | \$3,251.00 |
| 8                           | \$43,430 | \$3,619.00 |

**SOURCE:** *Department of Health and Human Services, January 11, 2019*

For families/households with more than 8 persons, add \$4,420 for each additional person.



IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
P E N N S Y L V A N I A

COMMONWEALTH OF PENNSYLVANIA :  
 :  
 :  
 :  
 vs. : No. \_\_\_\_\_  
 :  
 :  
 :  
 :  
 \_\_\_\_\_, :  
 Defendant. :

**PETITION TO PROCEED IN FORMA PAUPERIS  
TO THE HONORABLE JUDGES OF THE SAID COURT:**

Petitioner respectfully represents that:

- 1. Petitioner \_\_\_\_\_ is the Plaintiff in the above captioned action.
- 2. Petitioner’s Social Security number is XXX-XX- \_\_\_\_\_ (*only provide last 4 digits*)
- 3. Petitioner’s address is \_\_\_\_\_  
(give full address)
- 4. Petitioner’s income and expense information is fully and accurately set forth in the attached affidavit.
- 5. I am over 18 years of age. Yes / No (*circle one*)

WHEREFORE, Petitioner respectfully requests Your Honorable Court to enter an Order, granting leave to proceed in forma pauperis in the above captioned action.

Respectfully submitted,

\_\_\_\_\_  
Petitioner

**AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED  
IN FORMA PAUPERIS**

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs.

2. I am unable to obtain funds from anyone, including my family and Associates, to pay the costs of litigation.

3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

Name \_\_\_\_\_

Address \_\_\_\_\_

*(give full address)*

Petitioner's Social Security number is XXX-XX- \_\_\_\_\_ *(only provide last 4 digits)*

**A. Employment**

If you are presently employed, state

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Salary or wages per month \_\_\_\_\_

If you are presently unemployed, state

Date of last employment: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

**B. Other income within the past twelve months**

Business or profession: \_\_\_\_\_

Other self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pension and annuities: \_\_\_\_\_

Social Security benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_

Unemployment compensation and supplemental benefits: \_\_\_\_\_

Workmen's compensation: \_\_\_\_\_

Public assistance: \_\_\_\_\_

**C. Other contributions to household support**

Contributions from children: \_\_\_\_\_

Contribution from parents: \_\_\_\_\_

Other contributions \_\_\_\_\_

**D. Property owned**

Cash: \_\_\_\_\_

Checking account: \_\_\_\_\_

Savings account: \_\_\_\_\_

Certificates of deposit: \_\_\_\_\_

Real estate (including home): \_\_\_\_\_

Motor vehicle: Make \_\_\_\_\_ Year \_\_\_\_\_ Cost \_\_\_\_\_

Amount owed \$ \_\_\_\_\_

Stocks; bonds: \_\_\_\_\_

Other \_\_\_\_\_

**E. Debts and obligations**

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

**F. Persons dependent upon you for Support:**

\_\_\_\_\_

I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

I verify that the statements made in this affidavit are true and correct.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities which provides that if I knowingly make false averments, I may be subject to criminal penalties.

\_\_\_\_\_  
Petitioner's Signature

Date: \_\_\_\_\_

